

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF INDIANA

[This form is for prisoners to sue for civil rights violations. NEATLY print in ink (or type) your answers.]

Daniel E. Watkins
[You are the **PLAINTIFF**, print your full name on this line.]

v.
William Redman, et al.
[The **DEFENDANT** is who you are suing. Put ONE name on this line. List ALL defendants below, including this one.]

Case Number 3:23-cv-1114

[For a new case in this court, leave blank.
The court will assign a case number.]

FILED
JAN 29 2024
At: Chanda J. Berla, Clerk
U.S. DISTRICT COURT
NORTHERN DISTRICT OF INDIANA

[The top of this page is the caption. Everything you file in this case must have the same caption. Once you know your case number, it is VERY IMPORTANT that you include it on everything you send to the court for this case. DO NOT send more than one copy of anything to the court.]

PRISONER COMPLAINT

#	Defendant's Name and Job Title	Work Address
1	[Put the defendant named in the caption in this box.] <u>William Redman (Sheriff)</u> <u>Individual and Official Capacity</u>	<u>401 W. Sample St</u> <u>South Bend, IN 46601</u>
2	[Put the names of any other defendants in these boxes.] <u>Russell Olmstead (warden)</u> <u>Individual Capacity</u>	<u>401 W. Sample St</u> <u>South Bend, IN 46601</u>
3	<u>Kevin Smith (well path)</u>	<u>401 W. Sample St</u> <u>South Bend, IN 46601</u>

[If you are suing more defendants, attach an additional page. Number each defendant. Put the name, job title, and work address of each defendant in a separate box as shown here.]

1. How many defendants are you suing? 2

2. What is the name and address of your prison or jail? St. Joseph County Jail
401 W. Sample St South Bend, IN 46601

3. Did the event you are suing about happen there? ☒ Yes. ☐ No, it happened at: _____

4. On what date did this event occur? Start Jan 27, 2023, Continually

[DO NOT write in the margins or on the back of any pages. Attach additional pages if necessary.]

Ex. B

Defendants

4. Michael Platt (Wellpath) 401 W. Sample St South Bend, IN
(Individual Capacity)
5. John Foster (Wellpath) 401 W. Sample St South Bend, IN
(Individual Capacity)

Table of Contents of Documents Attached

1. Parts of STCT Rule Book (2013), Exhibits A, 1-5
2. Wellpath Medical Documents, Exhibits B, 1-4
3. Health Care Request, Exhibits C, 1-4
4. Wellpath Progress note, Exhibit D-1
5. Rehabilitation Hospital Progress note, Exhibit D-2-4
6. Copies of Grievance Received by Plaintiff on January 20, 2021
in support of Claims 1-3, Exhibits E, 1-4

CLAIMS and FACTS

DO: Write a short and plain statement telling what each defendant did wrong.

DO: Use simple English words and sentences.

DO NOT: Quote from cases or statutes, use legal terms, or make legal arguments.

DO: Explain when, where, why, and how each defendant violated your rights.

DO: Include every fact necessary to explain your case and describe your injuries or damages.

DO: Number any documents you attach and refer to them by number in your complaint.

DO NOT: Include social security numbers, dates of birth, or the names of minors.

DO: Use each defendant's name every time you refer to that defendant.

DO: Number your paragraphs. [The first paragraph has been numbered for you.]

1. Claim 1: Medical Isolation under 23hr Disease-Contamination Policy
The STCJ is being operated under the Authority of Defendant William Redman (Sheriff) who authorize a Policy or Custom that Restricts me to medical isolation 23 hours a day in a Disease-Contamination Cell located in intake/Bookings.

Defendant Russell Olmstead (Warden) is personally enforcing me to be held in Cell E-033 solely on the basis of my Right Leg Amputation I've been here since Jan 28, 2022 (Due Process) I informed Defendants (Redman and Olmstead) through Request Forms, Grievances and Classification Appeals that I never was issued a Rule Book. During my intake, I did not receive a medical examination till July 28, 23, and I was never given a opportunity to discuss my views about isolation to any medical or Classification Decision maker, nor am I allowed Review of my status. (Exhibit A-1) I informed Defendants (Redman and Olmstead) that my Treatment as a mentally ill, HIV, TB-Positive or Inmate with (MRSA) is not medical Isolation this Treatment under Disease-Contamination 23hr Isolation is Punishment. (Abuse of Significant Hardship) Defendants are fully aware that what they classify at the STCJ as "Mental Segregation" is synonymous with extreme isolation in contrast to any County Jail. Not only is the 23 hour housing in mental Health Disease-Contamination Cell's Policy a Denial of Due Process because I am punished without a medical objective and the restrictions imposed on me in a isolation cell by def, solely due to my disability is a Abusive Significant hardship caused to Gen Population

(Exhibit A-1 #11)

DO NOT write in the margins or on the back of any pages. Attach additional pages if necessary.]

(Exhibit E-4)

Claim 2 ADA and Rehabilitation

Intentional Exclusion of Programs

A. I Am excluded from receiving outside medical appointments with my Prosthetic Limb Provider to receive Limb Sock fittings, Prosthetic Sock fittings and Adjustments so that I can use my Prosthetic. I have been using the same liner for 9 months (Exhibit A-4 # 5 & 13)

I Am excluded from Recreation and Daily Exercise that is available to Gen Pop inmates solely because of my Disability. (Exhibit A-5)

I Am excluded from receiving Physical therapy from an outside Provider as a new Amputee, I informed medical staff that I was in Active Physical therapy at time of Arrest.

I Am excluded from Attending Any Religious Services and Denied A Kosher Diet that is Available to Gen Pop inmates solely due to my Disability. (Exhibit E-4)

B. Reasonable Accommodations:

The Defendants (Redman and Olmstead) are using the Intake Booking Disease-Contamination Cells as a Alternative housing Solution and Enforcing the 23 hour Isolation Part of the Policy on me solely because of my Disability, when I've submitted a Reasonable Accommodation to use a existing housing unit/suite to install handrails in Shower Area, Add handicap toilets and Sinks in Cells.

10 Intake/Booking Cells Can Be used to house Disciplinary inmates 2 to a cell as a Step up unit Prior to Release Back into Gen Pop and medical. Should be allowed there unit I filed Grievance about this my Request were ignored Defendants Refuse to spend ANY FUNDING, Defendants Policy decisions Create unconstitutional Conditions.

ADA Intentional Discrimination

C. Physical Injury

I informed Defendant (Olinstead) in a Grievance About the Inmate Bookings Shower's not having Hand Rails Outside the Shower, and on January 11, 2024 I was getting out of the Shower without any handrails to grab hold of I Slipped and Fell Face First into my Wheel Chair.

I Hit my Face Under my Right Eye Causing a Deep Cut, I was told by medical staff that I was not Allowed to Go to the Hospital and that I would Receive my Stitches At the Jail.

I Received 7 Stitches 5 Days of Antibiotic and was Denied Any Pain medication.

I Submitted a Grievance on Jan 13, 2024 about the Shower's not having hand Rails and that the Floor Drip mats are not Being Placed Back in front of Showers after Cleanings.

The Defendant Refuse to Provide Proper medical Housing Accommodations and will not spend the funding to Accommodate my Disability.

Claim 3 Denial of Adequate Medical Care

On June 28, 2023, when I entered the STCT Booking/Intake Unit, I made it known during that time that I was a Above knee Amputee. A medical Referral was Placed for K. Glaspe (MA/LNA). She noted that I received medication from CVS on Illinois Rd Fort Wayne, IN.

Evidence of Deliberate Indifference
Defendant (Kevin Smith)

I informed medical staff that I experienced a serious Allergic Reaction from taking multiple medications to treat my MP Phantom Pain, the side effects caused my heart to fail out and skin irritations. My Records were not reviewed prior to any medications being issued for was my PCP contacted about the effectiveness of medication he ordered.

I was under the Treatment Plan of Dr Luke Miller taking Doloxitine 90 mg, Gabapentin 600 mg, and Methocarbamol 750 mg
(See Exhibit A-4 #41)

My medications were verified by Provider Kevin Smith on July 1, 2023. By Phone to CVS those medications were Denied to me.

Denial of Medical Examination

(See Exhibit B-1)

~~Defendants~~ WellPath Providers (Kevin Smith, Michael Platt, and John Foster) All Denied my Prescribed medications prior to my first medical examination on July 28, 2023 Done by Defendant Kevin Smith (Exhibit B-4)

(Exhibit E-1)

Defendant Dr. Smith told me During my first medical Examination that "Now that All of your old medications are out of your system we can start a new Plan of treatment and everything that happened is water under the Bridge".

This hostile Attitude toward my medical needs were Intentional as I made it clear that Dr. Miller was a Specialist and I hoped that we could Continue his treatment Plan my Request were ignored.

I was told by a unknown nurse that JET Does not Allow Any Narcotic Pain medication such as Gabapentin (Exhibit A-4 #3)

On August 09, 2023 I informed medical staff that they should Consider my Solution to crush my medication and float them in water.
(Exhibit C-2)

Failed To Try to make A Professional Judgment

I continued to suffer from Phantom Limb Pain without the Proper medication Due to medical Personnel Defendants (K. Smith, M. Platt and J. Foster) were Performing and trying to Provide treatment to me as a Above Knee Amputee as they are without knowledge neither Licensed nor Trained As a Amputee Specialist they Refused to Contact Dr. Luke Miller.
(Exhibit D-1)

Defendants Refused to set Up Appointments with outside Providers
(Exhibit C-3 and 4)

In December 2023 the Defendants Removed the Blanket No Chronic Pain Gabapentin Policy. They even Adopted my Proposal and Started Issuing Narcotic Gabapentin by crushing and floating it I was never Given Any Notification that I could Receive Phantom Pain meds From my (PCP) Amputee Specialist Dr. Miller.

I Am still suffering from Phantom Pain Daily. (Exhibit D-2-4)

Claims and Facts (continued)

Conditions of Confinement

SJCA has 24 Disease-Contamination Cells Located in Intake/Booking I Am Being held here long term where All Cells are illuminated by 4 Florescent long Industrial Bulbs 24 hours a Day and are never Dimmed Causing me Sleep Deprivation Head aches, watery eyes, Blurred vision, I am also blind (24 hr Vision Severe impairment).

my Personal Hygiene at the Discretion of Intake Booking officers on 1st Shift if I Don't Get A Shower I'm held to 24 hour Isolation I've never showered 4 consecutive Days the least has been 2 showers. All Shower heads have Green mold or Lime Build up, All (Toilets in Cells) are on a 2 consecutive Flush Timer, All Toilets have a (Smell of Sewage) in the water so I cover my Toilet with a Sheet, The Drinking water faucet has Lime Build up on it.

(All meals) are served through the Door Port eaten alone instead of a eating Area. I myself nor are any inmates (tested for Tuberculosis) upon intake (Exhibit A-4 # 17)

General Pop Room (Personal Laundry) I wash T-shirt, Boxers etc 2 times weekly I've only washed my Laundry 5 times Since June 28, 23, Because Intake Cell are mostly for inmates who are incarcerated with mental health issues the walls are covered with old unclean Food, Spit, Toilet Paper, Stained with the smell of bodily waste never Disinfectant (Nausea Level) Always high Due to mental health inmates who come in and out of Jail, They talk to them self out loud all Day Beat on Doors All Day. All Drunk inmates are housed here till sober, All Detox inmates are housed here till system clear.

I Am Denied All Programs, Deprived of Any Exercise (Exhibit A-5) I am not Allowed to use my Prosthetic Limb to exercise causing Damage to my Right Hip, Isolation Deprives me of Mobility to Walk, Forcing me to use a wheel Chair full time.

What have I Done as a Above free American to be left to suffer the Risk of Developing a In Time to my mental health, Unhealthy and Degrading Conditions All Due to the Defendants (Ratman and O'Meara) Refusing to Provide A open unit medical Gen Population housing solution that is restrictive the Defendants Blanket Disease - Contamination Policy is intentional, willful and Wanton.

(Exhibit E-4)

5. When did this event happen?

- ☐ Before I was confined.
☒ While I was confined awaiting trial.
☐ After I was convicted while confined serving the sentence.
☐ Other: _____

6. Have you ever sued anyone for this exact same event?

- ☒ No.
☐ Yes, attached is a copy of the final judgment OR an additional sheet listing the court, case number, file date, judgment date, and result of the previous case(s).

7. Could you have used a prison grievance system to complain about this event?

- ☐ No, this event is not grievable at this prison or jail.
☒ Yes, I filed a grievance and attached is a copy of the response from the final step.
☐ Yes, this event was grievable, but I did not file a grievance because _____

I FILED grievance ON JUNE 21, 2023, AUGUST 16, 2023 and
SEPTEMBER 04, 2023. I DON'T KNOW OF A FINAL STEP BECAUSE I NEVER RECEIVED
A DJCT Rule Book, NEVER RECEIVED A RESPONSE TO ANY GRIEVANCE'S LOG #, NO ACTION TAKEN.

8. If you win this case, what do you want the court to order the defendant(s) to do?

[NOTE: A case filed on this form will not overturn your conviction or change your release date.]

- (A). ISSUE a Declaratory Judgment To defendants stating that the
POLICY of 23 and 1 medical solitary violates Plaintiff's Rights under 8th and 14th Amend.
(B). ISSUE a Preliminary Injunction To immediately Arrange For the Plaintiff
to be transferred to Another Jail without 23 and 1 medical Restrictions on Disabled.
(C). Awarded Compensatory damages, Punitive Damages and Presumed Damages

[Initial Each Statement] For Physical Injury, Loss of Liberty and Emotional Injury.

DW I will pre-pay the filing fee OR file a prisoner motion to proceed in forma pauperis.

DW I will keep a copy of this complaint for my records.

DW I will promptly notify the court of any change of address.

DW I WILL NOT send more than one copy of any filing to the court.

DW I WILL NOT send summons, USM-285, or waiver forms to the clerk.

DW I declare under penalty of perjury that the statements in this complaint are true.

I placed this complaint in the prison mail system on 01/26/2024 at 10 (am/pm).

[Do not fill in this date and time until you give the complaint to prison officials to send to the court.]

David E. Williams
Signature

331378
Prisoner Number